FILED
05-26-2019
John Barrett
Clerk of Circuit Court
2019CF002259
Honorable Jeffrey A. Wagner-38
Branch 38

STATE OF WISCONSIN CIRCUIT COURT MILWAUKEE COUNTY

STATE OF WISCONSIN
Plaintiff,

DA Case No.: 2019ML011598
Court Case No.:

vs.

CRIMINAL COMPLAINT

NEWMAN, ALISHA G
7816 NW 84TH STREET
OKLAHOMA CITY, OK 73132
DOB: 06/07/1984

Defendant(s).

For Official Use

THE BELOW NAMED COMPLAINANT BEING DULY SWORN, ON INFORMATION AND BELIEF STATES THAT:

COUNT ONE: PHYSICAL ABUSE OF CHILD - RECKLESSLY CAUSE GREAT BODILY HARM

The above-named defendant on or about Tuesday, May 07, 2019, at 8915 West Connell Court, in the City of Milwaukee, Milwaukee County, Wisconsin, did recklessly cause great bodily harm to a child, KH, DOB 10/27/2008, contrary to sec. 948.03(3)(a), 939.50(3)(e) Wis. Stats.

Upon conviction for this offense, a Class E Felony, the defendant may be fined not more than Fifty Thousand Dollars ($50,000), or imprisoned not more than fifteen (15) years, or both.

COUNT TWO: NEGLECTING A CHILD - CONSEQUENCE IS GREAT BODILY HARM

The above-named defendant on or about Tuesday, May 07, 2019, at 8915 West Connell Court, in the City of Milwaukee, Milwaukee County, Wisconsin, being a person responsible for the welfare of a child, KH, DOB 10/27/2008, through her action, for reasons other than poverty, did negligently fail to provide appropriate medical care for KH so as to seriously endanger the physical, mental, or emotional health of the child, and the child suffered great bodily harm as a consequence, contrary to sec. 948.21(2) and (3)(b)1, 939.50(3)(f) Wis. Stats.

Upon conviction for this offense, a Class F Felony, the defendant may be fined not more than Twenty Five Thousand Dollars ($25,000), or imprisoned not more than twelve (12) years and six (6) months, or both.

PROBABLE CAUSE:

This complaint is supported by the written reports of City of Milwaukee law enforcement officers whose written reports were prepared through the normal course of police business and which your complaining witness has relied upon in the past and found to be truthful and accurate. This complaint is further based on medical records for KH 10/27/2008 DOB, which have been reviewed through the course of this investigation. Based upon a review of the reports and medical records pertaining to the investigation of this matter, your complaining witness believes that:

On May 7, 2019, the defendant, Alisha Newman, brought her daughter, KH 10/27/2008 DOB, to Children's Hospital of Wisconsin, 8915 West Connell Court, in the City of Milwaukee,

Milwaukee County, to see Dr. Gisela Chemlinsky MD, a pediatric gastroenterologist. During the appointment KH's skin looked pale and ashen. KH appeared severely ill. A rapid response was called and KH was admitted to the Pediatric Intensive Care Unit, where KH was diagnosed as being in severe shock and experiencing acute renal failure, end organ damage, and acidosis. KH's condition was life-threatening. A blood culture was collected from KH's port and tested. The test revealed a positive result for Klebsiella pneumoniae. KH was treated with pressors to encourage blood flow to the brain and heart and with an antibiotic regimen that continued for ten days.

This was the second time KH was hospitalized related to severe infection. Five weeks previous KH was hospitalized in Oklahoma for Klebsiella sepsis and bacteremia, which was also treated with an antibiotic regimen. KH remained hospitalized for twenty-one days.

During KH's hospitalization at Children's Hospital of Wisconsin, the defendant advised medical staff that KH was diagnosed with dysautonomia, muscular dystrophy, mitochondrial disease, hyper tension and hypo tension, and severe dysmotility. KH was confirmed as having a pacemaker on her heart, a port to receive IVIG (Intravenous immunoglobulin) and IV fluids, and a G-J (gastro-jejunal feeding) tube.

The defendant's claims concerning KH's medical diagnoses raised concerns because KH was evaluated in November of 2016 by a team of physicians representing the Nelson Service for Rare and Undiagnosed Diseases, who ruled out muscular dystrophy and mitochondrial disorders as diagnoses for KH. Specifically, during KH's hospitalization at Children's Hospital of Wisconsin in November of 2016, KH underwent whole exome trio analysis and a muscle biopsy, all of which revealed no evidence of muscular dystrophy or mitochondrial dysfunction. KH's test results were discussed with the defendant during a clinic appointment on September 11, 2017, when the family was informed that KH did not have any molecular, genetic, functional, or structural evidence to support a diagnosis of muscular dystrophy or mitochondrial disease.

To be sure that KH did not even have ITGA7-muscular dystrophy (a rare autosomal form of muscular dystrophy) Children's Hospital of Wisconsin performed deletion/duplication analysis of KH's ITGA7 gene in October of 2017. The test results, which were negative, were also communicated via email to the defendant.

As a result, Dr. Alyssa Stephany MD, the Medical Director of Pediatric Hospital Medicine for Children's Hospital of Wisconsin, conducted a thorough review of medical records for KH since KH's birth. Dr. Stephany's review of KH's medical history demonstrated a concerning pattern of conduct on the part of the defendant, who has routinely provided false or misleading information to medical providers rendering medical treatment to KH. The defendant's pattern of conduct, combined with the defendant's practice of employing multiple different medical providers in multiple different states (Oklahoma, Texas, Ohio, Wisconsin, North Carolina, Tennessee) has led to KH being misdiagnosed and undergoing multiple unwarranted medical procedures, many of which posed risk to KH's life.

KH'S PACEMAKER

When KH was five-months-old the defendant reported that KH exhibited signs of bradycardia and syncope (temporary loss of consciousness, typically associated with insufficient blood flow). A full workup was done by two different hospitals, each of which concluded that KH's heart was functioning normal and was not the etiology of the symptoms reported by the defendant.

Specifically, on August 23, 2009, KH was admitted to Children's Health System of Texas for concerns (per defendant) of bradycardia episodes, apnea, and desaturation episodes. Cardiology was consulted and a Holter heart monitor was put in place for 24 hours. The results showed only a brief bradycardia episode (sinus arrhythmia, a normal variation of heart rate in children). Dr. Vishnu Kalidindi MD, the cardiologist supervising KH's care, wrote that he was concerned about munchausen by proxy regarding the defendant, noting "apneic and desaturation episodes per [defendant] were never recorded or witnessed by the nursing or physician staff."

On November 19, 2010, the defendant had KH admitted to Duke Hospital, for what the defendant called a "second opinion." This would actually be KH's third cardiac evaluation. KH underwent an echocardiogram which again confirmed KH's heart was structurally normal with normal function. A Holter monitor was placed on November 19, 2010, to assess KH's heart rythym. That study was normal. On November 23, 2010, KH underwent a transesophageal pacing study which was also normal.

The only evidence of anything abnormal was the medical history provided by the defendant of "Mom told Duke team that she found [KH] to be bradycardic and unresponsive at home 2 weeks prior to Duke admission." The defendant also reported that KH's autonomic dysregulation manifests as hypothermia, hyperthermia, bradycardia, tachycardia, and "turning purple".

The medical history provided by the defendant, combined with a single report of the primary pediatrician that KH's heartrate was measured in the 40s during a medical visit, led Duke Hospital to install a epicardial pacemaker on November 24, 2010.

In 2016 the defendant brought KH to Children's Hospital of Wisconsin to undergo an extensive team evaluation (the team evaluation that ruled out muscular dystrophy and mitochondrial disease). As part of that evaluation, Dr. Anoop Singh MD of the pediatric cardiology department, conducted an assessment of KH. KH showed no need for pacing while admitted to Children's Hospital of Wisconsin and KH's pacemaker was turned down to 40 vvi (ventricular demand pacing). The defendant was not comfortable setting KH's pacemaker to 40 vvi and as a result, the pacemaker was set to 60 vvi upon discharge.

Dr. Singh reported in his evaluation that "it is impossible at this time to determine if [KH] needs pacing or not." Dr. Singh noted that all information suggesting that the pacemaker was still necessary came from the defendant, which was subjective. Dr. Singh's goal, if KH remained in his care, was to determine if the pacemaker was even necessary. Such a process would have required close follow-up for 1-2 years. Dr. Singh later noted that the defendant used AliveCor Kardia to record events at home from 2017-2018 and there were never any arrhythmias that

correlated with KH's reported symptoms (symptoms reported by the defendant). In an office visit on June 25, 2018, Dr. Singh informed the defendant that he could not justify replacing the pacemaker, especially under circumstances where Dr. Singh was unsure if a pacemaker was even medically necessary for KH.

Despite Dr. Singh's conclusion that a pacemaker may not be medically necessary for KH and further evaluation was warranted, the defendant returned to Children's Hospital of Oklahoma and informed medical providers that "Wisconsin recommended pacemaker replacement/upgrade in Oklahoma." As a result, in October of 2018 KH had surgery, the old pacemaker was removed and a new pacemaker was attached to KH's heart.

SYNCOPE

Part of the original justification for installing a pacemaker in KH's body in 2010 was the defendant's report of KH suffering syncope (losing consciousness due to lack of blood flow). After visiting Children's Hospital of Wisconsin in November of 2016, the defendant reported that KH had 3 syncopal episodes within a week, including an episode at school. The mother reported low BP measurements taken while KH was at school.

Candace Morton APNP of the Cardiology Department at Children's Hospital of Wisconsin, contacted KH's school. The school confirmed that KH has not suffered a single episode of syncope while at school.

HOME BLOOD PRESSURE

In January of 2019, prior to having KH's pacemaker replaced, the defendant reported that KH was experiencing significantly elevated blood pressure. KH was being attended to by visiting nurses during this time who kept logs of KH's blood pressure. The nursing logs show normal blood pressure results during the time frame the defendant reported elevated blood pressure results.

During KH's hospitalization for sepsis at Oklahoma University Medical Center on March 23, 2019, the defendant reported that KH was experiencing a low grade fever (99-100°) with intermittent hypothermia (95°), chills, decreased activity and lethargy – all occurring on Thursday afternoon (3/21/2019) and into the night. Medical notes from the visiting nurse on March 21, 2019, demonstrate KH had a stable blood pressure and temperature throughout the night, contradicting the defendant's report.

COMMON VARIABLE IMMUNODEFICIENCY DIAGNOSIS (CVID)

KH has been under the care of Dr. Eli Silver MD, an immunologist at University Hospitals Medical Practice in Ohio. In 2010 KH had labs performed revealing what Dr. Silver interpreted as low levels of two different immunoglobulins, lgG and lgA. (Of note, the lab results were never adjusted to KH's age of 20 months at the time, which would have demonstrated that KH's lgG and lgA immunoglobulin levels were within normal limits).

Dr. Silver diagnosed KH as suffering from transient hypogammaglobulinemia of infancy (with a possibility of CVID lurking in the background). There is no record of KH ever being diagnosed

with CVID. Rather, after being diagnosed with hypogammaglobulinemia of infancy, KH was initially administered subcutaneous immunoglobulin therapy (SCIG). The defendant reported that KH had difficulty absorbing through the skin and that therapy location(s) became infected with cellulitis. Of note, there are no identifiable cases of absorption issues within the literature for SCIG, as reported by the defendant. Moreover, if cellulitis were an issue at an administration site on the skin, the easiest remedy is to change the location.

On October 5, 2011, Dr. Ed Barksdale MD, a surgeon from University Hospital in Ohio, conducted a surgical consult with the defendant concerning having a medical port surgically attached to KH. Within the note, Dr. Barskdale states that "there is no indication of a reason for the medical port". Dr. Barksdale's report further states, "[a]t this time we do not have any concrete objective data that indicates the necessity of the change to IVIG in the documented medical records." Nevertheless, based on the wishes of the defendant, on October 13, 2011, KH underwent a surgical procedure to have a medical port put into place. The medical notes surrounding the surgery indicate that the medical port was put into place based on the request of the defendant. A review of available medical records establishes that KH has had a medical port for over eight years with three distinct surgical replacements. During this time frame, KH has been administered a regimen of intravenous immunoglobulin (IVIG), infusions to treat CVID (which KH does not have). The defendant reports that the infusions have improved KH's quality of life. During this same time frame the defendant continued to report that KH was diagnosed with CVID, a medical diagnosis that was never made.

Nevertheless, based on the reports of the defendant that KH responded positively to IVIG, Dr. Silver continued to prescribe IVIG treatment through a port.

Two medical providers from Children's Hospital of Wisconsin, Dr. John Routes MD and Dr. James Verbsky, have each evaluated KH for CVID and have ruled out CVID as a diagnosis. KH does not meet international guidelines for the diagnosis of CVID. First, on KH's most recent hospital admission on May 7, 2019, quantitative immunoglobulin testing revealed normal IgA and IgM levels. Second, to diagnose CVID, international guidelines require a study of antibody response. KH has never undergone such a study to justify the diagnosis.

Further, if KH even needs antibody replacement subcutaneous immunoglobulin therapy (SCIG) is just as effective of IVIG treatment, meaning KH's medical port is completely unnecessary. It appears the only reason SCIG was not continued was based on reports of the defendant that KH had had absorption issues with SCIG therapy, the defendant reported the SCIG therapy caused cellulitis, and the defendant reported that KH responded well to IVIG. Again, there are no known cases of absorption issues with SCIG within the literature and if cellulitis were an issue, the caretaker could simply change locations for the administration of SCIG.

Moreover, during KH's evaluation at Children's Hospital of Wisconsin in November of 2016, exome trio analysis did not reveal any variants known to be associated with immune dysfunction or deficiency.

A medical port, which KH has to receive IVIG treatment, presents with significant risk of infection, including sepsis, and potentially death. Within the last six months, KH has been hospitalized twice in septic shock due to infection from a medical port that is completely

medically unnecessary and was being used to provide treatment for a condition that was never diagnosed, all based on inaccurate information provided by the defendant.

THE RULE OUT OF MUSCULAR DYSTROPHY AND MITOCHONDRIAL DISORDER – THE DEFENDANT'S RESPONSE

As outlined earlier, in November of 2016, a team of physicians representing the Nelson Service for Rare and Undiagnosed Diseases, many of whom are physicians with Children's Hospital of Wisconsin, ruled out muscular dystrophy and mitochondrial disorders as diagnoses for KH. This information was conveyed to the defendant. In October of 2017, the defendant took KH to see Dr. Eli Silver for an outpatient appointment in Ohio. During the appointment, the defendant conveyed to Dr. Silver that KH was diagnosed by doctors from Children's Hospital of Wisconsin with a rare form of muscular dystrophy and mitochondrial disease.

Dr. Silver's medical note states "FINALLY SHE HAS A DIAGNOSIS FOR HER CONDITION: SHE HAS A RARE FORM OF muscular dystrophy (and a mitochondrial disease)!!!!" [As in original report]. Dr. Silver concluded that KH's systemic dysautonomia and cardiac instability (conditions reported by defendant) were a result of KH's muscular dystrophy, a condition KH was not in fact diagnosed with.

On May 20, 2019, Dr. Alyssa Stephany contacted Dr. Silver to summarize the results of exome sequencing (2016), deletion/duplication analysis (2016), and biopsy studies (2016). Dr. Silver was surprised with the results, noting the defendant was adamant that Children's Hospital of Wisconsin's studies established diagnoses of muscular dystrophy and mitochondrial disease.

URINARY TRACT INFECTION MISREPRESENTATIONS BY DEFENDANT

During KH's most recent hospitalization in Wisconsin (May 7, 2019 through May 25, 2019) the defendant reported that KH has experienced too many urinary tract infections to count within the last year. According to the defendant, KH is followed by her primary care physician (PCM) and urology regarding the infections. KH's PCM was contacted and reported zero documented cases of KH experiencing a urinary tract infection in 2019, with the last urinalysis being conducted in 2017, again demonstrating the defendant providing false information to medical professionals rendering treatment to the defendant's daughter.

REPORTED DYSMOTILITY/INTESTINAL ISSUES FEEDING PROBLEMS

KH was eleven weeks old when the first G-tube was put into place based on the defendant's claims that KH was constantly vomiting and losing weight. While in the hospital, KH had no issues with feeding or vomiting. The G-tube was put into place based on the defendant's reported concerns. On July 23, 2009, the defendant had KH subjected to a gastric emptying study in Dallas, Texas based on the defendant's report that KH was experiencing feeding intolerance, vomiting, and weight loss since birth. The percentage of gastric emptying after one hour was 37.5%, a result that is in the low normal range.

In November of 2010, the defendant reported to Duke that KH was born with severe heart failure, feeding intolerance (per defendant), almost continuous vomiting (per defendant), and

weight loss. According to the defendant (to Duke) KH received a Nissen fundoplication (surgical procedure to treat gastroesophageal reflux) and gastrostomy (G) tube, with leaking issues. The defendant reported that surgeries were performed because the emptying study in Dallas, Texas demonstrated only 13-18% emptying. By October of 2009, KH's G tube was changed to a G/J tube based on information provided by the defendant to medical providers.

Significantly, KH's first pediatrician was Dr. Donna Johnson MD. Dr. Johnson documented concerns of munchausen's by proxy based on the defendant's report of feeding issues around the time of KH's birth. The defendant ceased visits with Dr. Johnson as KH's pediatrician shortly thereafter. In a note authored by visiting nurses who communicated with Dr. Johnson concerning Dr. Johnson's concerns for KH, the following was documented:

> Dr. Johnson has expressed the following concerns: (1) with all of the testing performed on [KH], Dr. Johnson has not been able to substantiate any positive results to prove any health issues other than the need for the ASD/VSD repair; (2) [The defendant] has made several reports to Dr. Johnson of testing performed by other facilities for Autonomic Disorder and/or other syndromes or disabilities but has not been forthcoming with results of the tests and Dr. Johnson has not been able to obtain written results showing positive results; (3) [KH] has been through multiple invasive tests for symptoms not witnessed by anyone but [the defendant]; (4) [The defendant] has taken [KH] to physicians who are friends of the family to get suggestions for diagnosis; (5) Dallas Children's Hospital spoke with Dr. Johnson about many of the same issues and discussed contacting DHS. Dr. Johnson chose to try and work with the family and try to avoid involving the state at that time.

CONCLUSIONS

Based on KH's hospitalization on May 7, 2019, a review of all available medical records, and a review of KH's medical history, there is a high degree of concern on the part of multiple medical providers that KH is the victim of factitious disorder by proxy on the part of the defendant. There is a lack of concrete, objective evidence for a mechanism by which KH's reported symptoms (from defendant) are supposedly produced, the discrepancies in medical history reported by the defendant versus what is witnessed and confirmed during hospital stays, the defendant's reports of evaluation results to different medical providers (often in different states) versus the actual true results, and the ultimate accrual of harm in the form of two central-line associated bloodstream infections resulting in pressor-dependent septic shock.

During a 2019 hospitalization for hypertension in Oklahoma, the defendant put a modified DNR (Do Not Resuscitate) in place excluding intubation or compressions (CPR). The collective medical team at Children's Hospital of Wisconsin remains very concerned as to why a functional and healthy child with no terminal disease has a DNR in place.

According to Dr. Alyssa Stephany MD, KH has no terminal illness. KH has not been diagnosed with CVID. There is reasonable evidence that KH does not need a pacemaker and accurate

information from a caretaker would be critical to making this determination. Instead, the defendant inaccurately relayed to another hospital that Children's Hospital of Wisconsin recommended the pacemaker be replaced, all at a time when assessing the necessity of the pacemaker could have taken place.

There is no medically justifiable need for KH to have a port – which exposes KH to ongoing risk of infection, including septic shock and potentially death. KH is at risk for severe injury, harm, and death if KH continues to undergo unnecessary medical tests, procedures, and treatments that are indicated for diseases and diagnoses that KH does not have, but the defendant nonetheless continues to promulgate to medical professionals.

At this time, Children's Hospital of Wisconsin has numerous accounts of the defendant's misrepresentations of medical health information to multiple different providers at multiple different institutions across multiple different states on multiple different occasions over the span of KH's life. It is Dr. Alyssa Stephany's expert medical assessment and opinion that the defendant's inaccurate portrayals of medical information have both indirectly and directly led to unnecessary medicalization, procedures, tests, and undue harm to KH.

According to Dr. Stephany, "[f]rom my medical perspective, the more I review her medical records, the more I unearth a pattern of [the defendant] going to different medical institutions, providing inaccurate medical information that leads to unnecessary testing or procedures, causing undue harm and pain to [KH]. The exhaustive medical records review and investigation (which is still not complete) demonstrates that these events were occurring all the way to within the first year of [KH's] life."

****End of Complaint****

Electronic Filing Notice:
This case was electronically filed with the Milwaukee County Clerk of Circuit Court office. The electronic filing system is designed to allow for fast, reliable exchange of documents in court cases. Parties who register as electronic parties can file, receive and view documents online through the court electronic filing website. A document filed electronically has the same legal effect as a document filed by traditional means. You may also register as an electronic party by following the instructions found at **http://efiling.wicourts.gov/** and may withdraw as an electronic party at any time. There is a $ 20.00 fee to register as an electronic party. If you are not represented by an attorney and would like to register an electronic party, you will need to contact the Clerk of Circuit Court office at 414-278-4120. Unless you register as an electronic party, you will be served with traditional paper documents by other parties and by the court. You must file and serve traditional paper documents.

Criminal Complaint prepared by Matthew J. Torbenson.

Subscribed and sworn to before me on 05/26/19

Electronically Signed By:
Matthew J. Torbenson
Deputy District Attorney
State Bar #: 1049925

Electronically Signed By:
Det. Michael Chaperon
Complainant